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ANÆSTHESIA; OR DIMINUTION, OR TOTAL LOSS, OF BODILY  
SENSATION.

BY M. ANDEAL.

WHEN sensation is diminished, or altogether abolished, it constitutes the class of nervous derangements to which the term *anæsthesia* is given. In this class there are several orders, founded on conditions of very obvious diversity. In the *first* order of these cases, the lesion of sensation exists only in the skin. In the *second* it is not in the skin, but in some other organ of relative life, such as those which preside over the functions of sight, hearing, taste, or smell. In this order the senses may be either simultaneously, or separately, affected. In the *third* order the lesion of sensation is general, and involves, simultaneously, the skin and the other organs of sensation. The third of these orders is perhaps the most frequent, at least if we include therein the case in which the general anæsthesia has occurred consecutively in the several organs. Anæsthesia, again, may be either symptomatic or idiopathic in the first, existing as the mere effect of some cerebral disease more or less manifest; in the second, occurring either alone, or as the predominant character depending on some lesion of the brain or nervous system, of a nature not yet ascertained, whether structural or functional, and occasioned by some molecular derangement as yet unrecognized.

The existence of anæsthesia in a separate form, affords a decisive indication of the independent existence of different nervous agents, one directing motion, the other transmitting sensations. In some instances you will find these powers so separated, so decomposed, that the faculty of motion on one side of the body, and that of sensation on the other, may be separately and completely abolished. Attempts have been made to show in each case the part, the particular part, of the brain or nervous system to which the special lesion of motion or sensations in a given part might be referred. Bell in England, and Magendie here, together with other physiologists in either country, have, accordingly, endeavored to prove, experimentally, that the power of receiving sensations exists in the posterior, and that of causing motion in the anterior, chords or columns of the spinal marrow. The results of all these experiments, and indeed the general position of the question at this moment, amount to this—that the individual, the isolated, existence of these distinct nervous organs, is extremely probable, though by no means rigorously demonstrated. Although I am not acquainted with any pathological fact amounting to direct proof of these doctrines, I may still mention that there are a few cases on record strengthening the opinion materially, especially as far as it refers the direction of the state of sen-

sation to the posterior columns of the chord. Thus the case related of a man, who, after a fall on his back, lost the power of cutaneous sensation.

The cause of anæsthesia must also, in several cases, be sought for in the nerves themselves—that is to say, in their trunks or branches. Thus, in many surgical cases, the partial division of a nervous twig will occasion numbness of the part to which its ramifications are distributed. The like deficiency of sensation occurs also very frequently after luxations, or other violent accidents involving the contusion of a principal nervous trunk. Swan, for example, relates the case of a man who was holding a horse with the bridle twisted about his wrist, when the animal suddenly lifted up his head and neck, and compressed the hand very forcibly between the folds of the bridle. In some time afterwards, the skin of the hand became torpid and insensible. An opportunity of examining the parts having been afterwards afforded, the median nerve was found flattened like a riband where the bridle had compressed it, its neurilema adherent to the sheaths of the adjacent tendons, and on its digital branches were several little swellings of soft texture and greyish aspect—in fact, like the ganglia of the sympathetic nerve. Lesions of the median circunflex, &c., have been known to produce this anæsthesia, whether partial or general—a certain proof, at any rate, that each of these nerves contains the double agents by which motion and sensibility are regulated. With respect to the ganglionic bodies observed on the digital branches of the nerve in Mr. Swan's patient, I may observe that I have myself witnessed a similar pathological appearance in the case of a female who died at La Charité, having for some time been affected with abolished sensation of the skin of the hand. She also had experienced the commencement of paralysis. On dissection, the neurilema of the median nerve was found altered, and it presented in its course two or three of these greyish swellings, like the cervical ganglia. The fact is very remarkable. Is there, in these cases, an analogy of new function established between these nerves and those of organic life, in the same ratio as the structures appear to approximate? We should seek for additional facts to elucidate this interesting question.

Cutaneous anæsthesia is either general or partial; of the latter kind there are many varieties, some of which are very curious. In one it may occupy one side of the body, the other side being either in the normal state, or else its sensibility is exalted. It may occur thus without any other symptom. In a case of this kind I attended a few days since with M. Girod, the right side was first affected, and then the insensibility commenced in the left, and became general. The absence of sensibility, again, may be confined to a single finger or joint. I saw this morning, on my way to La Pitié, a woman about 58, who was often thus affected; and what is also curious, the insensibility was irregularly remittent. In October last she perceived the point of one of her fingers torpid, and incapable of feeling, a condition which gradually extended to the wrist. Since October, this circumstance has occurred five or six times, the torpidity lasting about twenty-four hours each accession. It would be extremely difficult to explain this occurrence, especially since the patient is to all appearance free from any other cerebral or nervous

disorder. Another case is related by M. Daniell in the *Recueil Periodique de la Société de Médecine de Paris*, viz. that of a woman aged about 56, who gradually lost the sensibility of both forearms, hands, and legs from the knees down; elsewhere the skin retained its normal state, and there was no other evident nervous derangement. In this case the attack was rather sudden. She had slept in the open air, exposed to the heat of the sun, which occasioned an eruption of phlyctenæ in the skin. When this was cured, the insensibility supervened, and reached such a degree, that she continually burned her hands while lighting the fire, and without feeling it in the least degree. This case was of five years' duration at the time it was described. In other cases, again, the insensibility is confined to the face, or those parts of it supplied by the fifth pair of nerves. It even extends here, from the skin to the mucous membrane; the conjunctiva, for instance, becoming totally insensible to all causes of pain or irritation. It is important to remember that the same effects have been produced in animals by the section of the fifth pair.

The last case of partial anæsthesia which I shall mention, is an extremely odd one, and in itself almost sufficient to overturn a myriad of theories about the nervous system and its functions. The individual alluded to presented the singular phenomenon of partial anæsthesia, or insensibility in various round spots, eight or ten in number, some the size of a crown piece, others much smaller, all perfectly devoid of feeling, though the surrounding skin was just as usual. Yet these torpid spots were supplied by the same nerves and same branches of nerves as the rest of the cutaneous surface.

All these varieties of anæsthesia may exist, as we have just seen, in an idiopathic form. They may also coexist with cerebral tumors, hemorrhage, ramollissement, &c., in fact with any form of encephalic or nervous disease. The anæsthesia, again, may exist in different degrees of intensity, incomplete or absolute. In the last case it becomes perfectly impossible to occasion pain, to whatever ordinary or extraordinary modes of torture you have recourse. Fire, boiling water, cutting instruments, pincers, blisters, all are equally powerless. Even a phlegmon excites no pain. Injuries of importance are commonly experienced by these persons without their knowledge. A good specimen of this kind of unconsciousness was afforded not long since by a man at the Bicêtre, who had lost the sensibility of his arms. While digging one day with great exertion he broke his arm, and hearing the bone crack, he thought it was the handle of the spade he had fractured. In this man the insensibility was of eighteen years' standing.

Anæsthesia may, in point of duration, be merely momentary, or it may last for many years. It may alternately disappear and return, and this with remarkable frequency. Under the influence of a fright, too, it has been known to move with singular rapidity from one point to another. As to the mode of invasion, the affection may arise suddenly, or be slow and gradual in its progress from mere numbness to utter insensibility, or from one part of the body it may successively extend to the centre. A striking case of the latter kind is recorded in the *Archives Générales de Médecine*, vol. 2, of a man, namely, who, after a fall, in

which he fractured the ribs of the right side, soon commenced to experience insensibility of the skin covering the hip of the same side ; in some further time the whole of the right thigh was so affected ; then the opposite thigh, then both arms, then the trunk of the body, and at length the anæsthesia became general and complete.

With respect to the *causes* of anæsthesia, in many cases there is no preceding circumstance calculated, as far as we can understand, to favor its development. In other cases, on the contrary, a direct influence is apparently exerted, owing to which the malady originates. The exciting cause, for example, may appear to affect directly the skin itself. The anæsthesia, for example, has been often known to commence at a cicatrix, and thence gradually creep over the whole surface of the body. It often, again, affects certain parts of the skin which had been previously irritated, but without tending to diffuse itself more extensively. I have seen a case of this kind in a person to whom a blister had been applied. Generally, however, I may here observe, when the skin is morbidly affected in consequence of blister, it is the contrary effect, namely, hyperæsthesia, increased sensibility, which is produced. This exaltation is often very painful, and is even liable to be increased by circumstances, such as mental emotion, the direct relation of which to the effect produced, it is by no means easy to understand. But to return to anæsthesia, and to its induction by irritation of the skin, we have a good example of this in the occasional effects of erysipelas of the face or scalp, which has been followed, in some cases, by utter insensibility of the parts originally inflamed. In women, particularly, strong mental emotions, such as fear, surprise, &c. may induce this affection. Sometimes the preceding circumstance involves also a direct lesion of the nervous centre. In a case, for instance, related by M. Roche, and published in the *Journal Universel des Sciences Médicales*, a ball traversed the body, entering at the right side, running round beneath the skin, and at last striking one of the right lumbar vertebræ. The skin over the trajet of the ball in some time became insensible, and this soon extended to the rest of the cutaneous surface. The intensity of the affection increased every time the cicatrix closed, and diminished when it reopened. This case was the more remarkable from having been cured by the repeated application of blisters.

Various other apparent causes may be pointed out, especially those affecting the innervation. Thus, we see anæsthesia often occurring as a prominent character in hypochondriasis, in mental alienation, in that strange and eccentric disease, hysteria, in which anæsthesia of every kind and degree may show itself to-day, to-morrow disappear and return, and for the time deprive the patient of all external perceptions. Various sexual states, again, seem to exert some influence on its production ; thus in a case described by Peter Frank, a female, immediately after her accouchement, without any apparent cerebral affection, lost the faculties of smell, touch, and taste, and again regained them in ten days.

Coincidental with the loss of sensation, you may have various other alterations of the functions of the nervous system. Motion, for example, may either be impeded or even totally abolished. But very frequently there is nothing of this kind. A very singular phenomenon,

however, often forms a complication, perhaps I should rather say an effect, of anæsthesia when it is in a high degree. I mean the *forgetfulness of self-existence*. As Duges happily described this state, '*ils ne sentent plus qu'ils sentent*.' They do not perceive that they retain perception; they believe themselves dead, and will deny their own existence. The celebrated Baudelocque exhibited a striking example of this state during the last years of his life. When you felt his pulse and counted its beats, he persisted that it was not his own.

The second order of anæsthesia, namely, that in which sight, hearing, taste, or smell, is thus affected, does not require our stopping to consider it in detail, as its history is interwoven with various special affections which this is not the place to notice. Of the third order, then, namely, that in which sensation is totally abolished in every department of the system by which we live in relation to society. This is more rare than the preceding. It may take place suddenly or gradually, and the latter is the more common of the two. Hysterical women sometimes afford examples of the first variety. Of the second, there are on record some truly remarkable cases, one of which, detailed in the *Bulletin des Sciences Médicales* by Dr. Defermou, is well worth notice. It was that of a middle-aged individual, recently affected with pleurisy, who suddenly lost the power of feeling in a small portion of the skin, and then the anæsthesia gradually extended all over the body, with the exception of a small round spot on one of the cheeks. He could move, but could not feel. He soon could maintain no social relations whatever with the external world, for his sight, taste, smell, and hearing, became consecutively abolished. At last the power of movement too was lost. Still, by various circumstances, it was evident that his intellect remained intact. The occurrence of gangrenous eschars, soon after the abolition of motion, at length put an end to his existence.

As for the *treatment* of anæsthesia, a very few words will suffice. Should the peculiar symptoms point to increased circulation, or determination towards the brain and spinal marrow, a venesection will frequently remedy the congestion, and the insensibility will disappear. As a general rule, we must always direct our attention, *first*, to the nervous centre; *secondly*, to the parts affected. I need not dwell on the former, as the remedies to be used are indicated on general principles already frequently discussed. As for the second, we must excite the skin by various means, moderately employed; such as by blisters and different irritating applications. The cautery even has, in some cases, appeared to do good. Electricity and sulphurous baths may also be mentioned, as remedies which are occasionally successful.—*Lancet*.

#### CASE OF A LONG-STANDING ULCER.

*Report of a Case of a long-standing Ulcer, from which were extracted three Teeth, resembling those of the Human Jaw.* By JAMES C. FINLEY, M.D.

IN April, 1832, I was requested to visit Harrison —, about 19 years of age, who had labored since the third year of his age with a trouble-

some ulcer upon the abdomen. Upon examination, I found an ulcer about two inches below the original situation of the umbilicus. The external opening was small, but upon examination with the probe it was found to extend downwards about two inches, under the symphysis pubis, and to occupy about the same extent from side to side. The sinus appeared to be filled by a compressible but very elastic tumor, and there protruded from the orifice a quantity of long black hair, which, from its length, was supposed to grow from the bottom. The bottom of the sinus, when examined with the probe, was endued with great sensibility; and when irritated, produced a desire to evacuate the bladder and a painful sensation in the glans penis. There was constantly discharged a thin and very offensive fluid, that rendered the situation of the patient very uncomfortable.

The general health of the patient was good, and his appetite and digestion regular, although his complexion was sallow; and his constitution delicate.

An attempt was made to dilate the orifice of the sinus with wax bougies, which were retained in their position by a bandage passing around the body, increased in size as the orifice dilated; but the enlargement went on very slowly on account of the extreme sensibility of the orifice of the sinus and the cartilaginous hardness which its walls assumed. While pursuing this course, a wash of the chloride of lime was daily used; by which the offensive smell of the discharge was removed, and in a few days the hair came out, and never afterwards made its appearance.

When the orifice of this sinus became sufficiently distended to enable us to see to the bottom, it was found to be filled with a sarcomatous tumor, originating from a broad base of cartilage and bone; bleeding profusely when wounded; and, when any part was removed, quickly regenerated again.

At an early period of his childhood, a small sore had formed at the umbilicus, supposed by his parents to be produced by the bite of a wood-tick, which, instead of healing, had rapidly burrowed into the cellular texture, and, probably, occupied the sheath of the rectus muscle.

About two years before, a physician in Indiana had attempted an operation, the object of which was to lay the sinus open, remove the unnatural growth with which it was filled, and permit it to heal from the bottom. This object was but partially accomplished, in consequence of unanticipated difficulties. The blood flowed very profusely, and the cartilaginous structure which occupied the wall of the sinus next the abdomen, of so dense an organization as to resist the action of the knife, and being more extensive than had been originally supposed, was not entirely removed. The patient being unwilling to submit to a repetition of the operation, an unsuccessful attempt was made to destroy it with caustic, and consequently the sinus, although diminished in extent one half, remained with all its inconveniences.

Our first project of a cure was to dilate the orifice of the sinus until the whole of its internal surface was exposed to the action of the air, hoping that the looseness of the cellular texture which covers the abdo-



men would admit of this extension, and expecting that the secreting surface with which it was lined would then assume the character of the common integuments. In the first of these expectations we were disappointed; for although on the first application of the bougie, dilatation was easily effected, yet, as we proceeded, the cellular texture became exquisitely sensible, much thickened, and acquired a density almost cartilaginous.

Disappointed in this expectation, it was our design to remove the growth which was probably the original cause of this sinus, and which seemed to form the principal obstacle to a cure. This was a task of no little difficulty. The tumor commenced at the orifice with a base extending downwards an inch, and from side to side about two inches, and from this extending so as to fill the whole cavity. The cavity thus filled was irregular in its shape and possessed of great sensibility; and in addition, the tumor, when wounded, bled so profusely, that if the wound were at all extensive, it could only be checked by filling the whole cavity with lint.

Under these circumstances it was found to be impracticable to remove the whole of the tumor. At different operations, however, the whole of the bony and cartilaginous base upon which it was founded was taken away, and only a small portion of the sarcomatous part left deep in the sinus, and which it was very difficult to remove without subjecting the patient to more pain than he was willing to submit to.

But one other prospect of cure now remained, viz. to cut through the cellular texture which formed the external wall of the sinus, and remove so much as would secure the exposure of the whole to the air. This, however, was so much thickened and so sensible, that the patient was unwilling to submit to such an operation, and the prospect of a perfect cure was abandoned.

His condition, however, is very much improved. The sinus is dilated very nearly to the bottom; and although it is still necessary to keep up the distention, yet in consequence of its exposure, the discharge is very much diminished, and its offensive nature so far removed, that by daily washing it with the chloride of lime, he is enabled to get along very comfortably.

The examination of the bony structure which was removed, presented some very curious phenomena. Two perfectly formed human teeth projected from the surface of the tumor—the first, a dens caninus, rather smaller than natural for a tooth of the second growth, but with a root of the natural size—the second a bicuspid, perfect in size and formation, and scarcely to be distinguished by the closest scrutiny from one extracted from the jaw of an adult. These teeth were inserted in a socket formed upon a piece of very firm bone about three fourths of an inch in length. At a subsequent period two additional pieces of bone were removed: the one about the size and texture of the former; the other nearly round, three fourths of an inch in diameter, and of a light cellulated texture. These pieces of bone appeared to constitute the basis upon which the tumor was formed, and were so firmly connected with the body as to admit of little motion.

Respecting the origin of this unnatural growth, it is useless to specu-

late. Whether it was congenital or not, it is impossible to decide. Perhaps the difficulties respecting its formation are diminished by supposing its rudiments to have been formed coeval with conception, and to be analogous in its origin to those rude attempts at organization which we meet in the ovaria of females, and occasionally in other parts of the viscera—and sometimes even in the male.

*Western Journal Medical and Physical Sciences.*

### CHOLERIC DIARRHŒA UNATTENDED WITH PAIN.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I observe in your eleventh No. a notice of a communication respecting Choleric Diarrhœa, contained in the London Lancet. You appear to attach considerable importance to the fact therein insisted on, since you have italicised it; and I am in consequence induced to send you a copy of some portion of my answers to Dr. Paine's queries, part of which you did me the honor to publish in your fourth No. at the request of that gentleman.

The result of my observation as to the Diarrhœa of Cholera, being so perfectly similar to that of Mr. Southwark, as mentioned in the Lancet, you may perhaps think it sufficiently interesting to be made public; but in this you will use your own discretion.

The remarks I made are in answer to the fourth query proposed by Dr. Paine: Was the Cholera preceded by premonitory symptoms? &c. The first portion of the answer is already published.\* I continued:

'In regard to that may be considered really premonitory symptoms of cholera, it deserves consideration that during the prevalence of the epidemic a variety of anomalous symptoms arise from nervous agitation and fear of the complaint, and some discrimination is required to ascertain whether certain feelings are really part of the disease (for premonitory symptoms must certainly be looked upon as the incipient disease itself), in which case they will require strict attention; or only nervous feelings, which need excite no alarm.

'Again, under the term "Premonitory" we are apt to include two very separate conditions; one of which is true cholera in its first approach, while the other has no connection with the disease other than predisposing the body to its attack. These remarks will hold for instance in the case of diarrhœa, the most ordinary precursor. Cases have frequently occurred in which patients have labored under diarrhœa for several days, and have recovered by the most simple means, or by the efforts of nature alone. Others have for weeks labored under diarrhœa, and have recovered either by the aid of medicine or spontaneously, while some in the same predicament have fallen under attacks of cholera. Such cases I would by no means class as cases of cholera, though fully aware that they require great attention, because they expose more particularly to the ingress of the disease, and may be said to have in some degree a similar action to a debauch, or overloading the stomach by indigestible

\* See the very interesting account of the Cholera at Montreal, in the No. of this Journal for March 13.



food, either of which notoriously exposes to attacks, without forming in itself any part of the disease. A diarrhœa of this kind is no more a premonitory of cholera, because it occurs during the prevalence of cholera, than is a diarrhœa which has commenced some days or weeks before ; for the latter will (if it be continued till the locality becomes under the epidemic influence) as certainly expose the body to cholera as the former, and of this we have had many instances.

‘ In a practical point of view, I grant this distinction should be given up, because neither a real premonitory nor an ordinary diarrhœa will bear being neglected ; but the one will affect the physician’s mind in a much more powerful manner than the other, since the one is the disease itself, while the other is only susceptible of being converted into it.

‘ From the general and well-grounded alarm that takes possession of the community, every uneasy feeling is caught at as being an indication of an attack of cholera, and if so regarded and prescribed for, as premonitory, a host of symptoms will be produced, supposed to be indicative of an approach of cholera. Such was the case during the first two or three weeks after the appearance of cholera among us. Every slight nausea, or faintness, or uneasiness, or crampish feeling, was set down and treated as an attack of cholera. The urgency of the time did not allow the physician to postpone the remedy till the nature of the case was capable of being discriminated, and the consequence was that numerous cases were enumerated as cases of cholera, during the first week, which I am fully convinced had no pretension to be so designated.’

Some remarks then follow on Dr. Paine’s published letters, which appear to have arisen from my misapprehending his meaning. They need not therefore be inserted. I continued my observations on premonitories, thus :

‘ For instance, the symptom of headache, which has been classed among the premonitory, is one of such common occurrence as to accompany most complaints ; and so far from regarding it as a premonitory, I have, from its almost constant absence during the stages subsequent to the premonitory, and from scarcely having noticed it in those cases where what I regarded as premonitory symptoms were present, been led to regard the *presence of headache as pathognomonic*, and indicative of the absence of cholera, and have carried my reliance on this symptom so far as totally to divest myself of any fear of cholera in regard to such patients as labored under it.

‘ When cholera began to decline among us, an affection of the bowels became common, approaching in its symptoms to dysentery, and marked by more or less violent intermitting pains, with or without tenderness on pressure, tenesmus, mucous and often sanguinolent dejections ; sometimes with irritability of the stomach, sometimes without. Such attacks are considered by many as cholera, but I have never classed them as such. It is true they may be attributed to the same epidemic influence which gives rise to true cholera ; but if so they would seem to form a type of disease differing from it, since, so far as my observation goes, they have never led on to a state of collapse, and *I have frequently hazarded the expression (when patients, alarmed by the violent pain, have interrogated me as to the nature of the complaint), though rather an ex-*

aggravated one, "*the more pain the better.*" I would not be understood to mean that a patient affected with such dysenteric symptoms was safe from an attack of cholera; but as far as I have observed, no such conversion has happened, and although such cases may certainly stand in the predicament of giving additional predisposition, yet they appear to me distinct from cholera.

The latter part is what I alluded to in the commencement of this letter, as furnishing corroboration to the fact mentioned by Mr. Southwark.

I have the honor to be, Sir, your very obedient servant,  
A. F. HOLMES, M.D. Prof. of Chemistry and  
Montreal, May 9, 1833. Materia Medica, McGill College.

#### NITRATE OF SILVER—THE CARROT POULTICE.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are some improvements which are so great, and their application so simple, that the mere relation of them seems to be a tax upon our credulity, and a hindrance to their introduction into general practice. This is in some degree the undoubted fact with respect to the external use of nitrate of silver. The recommendation of this article by Dr. Higginbotham, is perhaps of more practical importance than almost any other improvement in surgery, during the present century.

I have lately seen it extensively employed in penciling the tonsils, uvula, and all the tangible spots of the fauces which were diseased, in scarlatina. It must be applied to the parts, in substance (a solution, though ever so strong, not answering the same purpose), at least twice a day, so long as there remains any troublesome soreness about the throat. In bad cases, it may be repeated four or five times in twenty-four hours. A new and favorable action is soon produced, and temporary relief is almost instantaneous. When capsicum, astringents, and all the common gargles, appear to produce little or no effect, nitrate of silver makes a decided impression. I know of no single inconvenience, or unfavorable circumstance, to result from its free application.

A late case of spinal irritation has come to my knowledge, in which the disease was suddenly arrested, after the patient had been confined to the bed for months, and the disease had resisted all the ordinary methods of treatment. A large eschar was made over the diseased vertebrae with lunar caustic. From this application, amendment almost immediately commenced, and within a short time the patient was able to walk with ease.

Every surgeon knows, that the *carrot* is a very certain antiseptic; and yet, I believe, this article is commonly overlooked in modern practice. According to my observation, I am inclined to think that neither yeast, charcoal, nor the chlorides, are so effectual to cleanse fetid and bad ulcers, as the simple carrot poultice, when properly prepared, and renewed three or four times in twenty-four hours.

My personal acquaintance with the individual practice of others is not

very extensive ; but as far as it goes, I am inclined to think that the use of the preceding articles is much too limited. They may be too simple for some, and may have never entered into the routine of others ; but from a considerable experience, I am able to speak in the most confident terms of their extensive utility and importance.

SENEX.

Middletown, Conn., May 2, 1833.

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#### TREATMENT OF THE CROUP.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having recently seen in your Journal two articles on the treatment of Croup, one by antispasmodics, from an English practitioner, the other from your valuable correspondent in Connecticut, who recommends acrid emetics, calomel, opium and deobstruents, and being myself satisfied that this practice is altogether more successful than that generally adopted, in ordinary cases, I send you a brief account of an experience of twenty-five years, in this once most formidable disease.

That croup depends upon an inflammation of the mucous membrane lining the trachea and bronchiæ, in my mind admits not a question. A knowledge of the character of that inflammation, and its attendant symptoms, must direct to the most successful treatment.

If the inflammation be highly *entonic*, bleeding may be necessary. I have seen good effects from its use. Care must be taken, however, that high irritation, producing heat and a bounding pulse, be not mistaken for *entonic* inflammation.

If the inflammation be *sub-acute*, bleeding will rarely be indicated, and the disease may be safely trusted to acrid emetics, calomel, opium and deobstruents. In a very large proportion of the cases of croup, the inflammation is of this character. In such cases the treatment may be commenced and pursued in the following manner. If the child be two years old, from one to four drachms of strong infusion of bloodroot, prepared at the time, may be given every 15 or 20 minutes, till vomiting takes place—immediately after which, 5 grains of calomel may be given, and repeated every two hours, till it move the bowels freely. If there be any tendency to diarrhœa, or if the medicine incline to operate upon the bowels too much, from one to two grains of Dover's powder, or a sixth or eighth of a grain of opium, may be administered with each dose.

It often happens that calomel may be given in this way for many days without acting too much upon the bowels ; and while in most cases five grains of calomel given every two hours, amounting to one drachm in 24 hours, will be sufficient to make the desired impression upon the diseased action, yet some cases will require still more, while others may need less. Whenever the paroxysm returns, the emetic of bloodroot should be repeated ; or the sulphate of copper, or zinc, or the subsulphate of mercury, should be substituted for it : of these, in my opinion, the latter has a decided preference ;—one grain may be given every twenty minutes, till vomiting be produced. The bloodroot, as before directed, is equal, perhaps preferable, to anything in most cases ;—by its narcotic and deobstruent qualities, it allays irritation, and increases the secretion

from the diseased membrane—which is all important in the cure of this disease. After the emetic, my practice has been to give the tincture of bloodroot every hour, in such doses as will be borne without vomiting; and here I will remark, that in many instances I have observed that small doses of a few drops will excite vomiting at every period, while large doses of 40 or 60 minims will set pleasantly on the stomach, and produce very favorable effects upon the disease.

Should the symptoms prove obstinate, blisters may be applied to the throat, or strong volatile liniments be frequently rubbed upon the neck and breast. I have also seen good effects from the application of the snuff plaster in such cases.

If opium has not been given with the calomel in the early period of the disease, it will subsequently be very serviceable, even if the more alarming symptoms are subdued; and the object is principally to prevent the recurrence of a paroxysm. Combined with more or less calomel, and other deobstruents, it is a most valuable remedy to allay irritation and prevent the recurrence of spasm, upon which the paroxysm seems often to depend, or by which at least it is greatly aggravated. Under this treatment, this form of croup rarely fails to yield in two or three days. During the last ten years, I can hardly recollect to have seen a fatal case of croup of this character, although I have prescribed for a great number.

Another form of the disease is more frequently fatal, and if I mistake not occurs more frequently than is generally supposed. In this the inflammation is of the same character as that which attends the cynanche maligna; the disease often commences in the fauces, and extends into the trachea—but this is not always the case. The accession is usually less sudden than in the other variety, less danger is apprehended, and the patient is commonly neglected longer than when the attack is more severe and sudden. In most cases there is little or no reaction. The surface of the body is pale and cool; the countenance expresses great languor, the eye is anxious and watery, the pulse feeble, often intermitting, and generally very frequent, the extremities cold and inclined to a leaden color. If any partial reaction takes place, the skin has the pungent heat of typhus. The fauces present a dark, purplish appearance; the tonsils are often enlarged, and sometimes are covered with white or ash-colored sloughs. The patient inclines to sleep, but often runs about till within a few hours of the fatal event, and the death may be sudden and unexpected.

In this variety active depletion is fatal. Many cases sink suddenly upon bleeding, and many more from antimonials, even in one hour, and often before the emetic has operated. Antimony in such cases is inclined to produce dangerous catharsis, when it does not operate at all upon the stomach. Care must be taken, in this variety of the disease, that the evacuations be not too free, and that the strength of the little patient be not needlessly wasted.

Acrid stimulants do well in cases of this character. Capsicum is one of the best remedies. Ammonia, lytta, wine, and even brandy, may be indicated. Calomel and opium, in such proportions as to prevent catharsis, often do well. The warm bath, and especially the foot bath, may

be useful. If it be proper to give emetics, the turpeth mineral, sulphate of copper and sulphate of zinc, are the most proper. Two cases of this form of croup, apparently hopeless, were cured by the application of a strong solution of nitrate of silver to the fauces, exciting severe active inflammation, thus changing the character of the local diseased action. Sulphate of quinine, sulphate of zinc in small doses, and mineral acids, may be useful in the second stage of favorable cases.

One remark to close. In the course of my practice I have observed that croup, and particularly this form of the disease, frequently occurs at the same time and during the season when dysenteries, cholera infantum, and other affections of the mucous membrane of the intestines, are prevalent; showing that the same general cause operates to produce the different diseases. I do not recollect to have seen the fact noted. Perhaps it may not have occurred in the experience of others. W.

May 16, 1833.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 22, 1833.

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### LETTERS FROM PARIS.

WE are indebted to a distinguished friend for a number of very interesting letters from an American physician now pursuing his professional studies in Paris. We shall commence the publication of this series next week; and as others shall be received, they will be given in our Journal. These letters were written without the remotest idea of their being published; but as they contain a very interesting and familiar account of what is and has recently been going on in the French schools and hospitals, they have been liberally offered the profession through the medium of our pages.

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### MASSACHUSETTS MEDICAL SOCIETY.

THE members of this Society are reminded that the annual meeting will be held in Boston, the first Wednesday in June, that is, a fortnight from this day. As the interests of medical science in this Commonwealth are under the especial protection of this Society, it is to be hoped the Fellows will very generally attend at the appointed time, and each be prepared to afford such aid as it may be his measure to mete, in promoting the great objects of the association. It is only by a cordial and united effort, it is only by the continued and zealous co-operation of the whole body of the faculty, that the fatal but captivating arts of quackery can be repressed, and the true interests of the community, in regard to physical sanity, be preserved from falling before the machinations of pretending ignorance and unprincipled empiricism. This Society has thus far done its duty in

this regard; and there are few, if any, States in our Union, where charlatanism hides its diminished head more carefully than in Massachusetts, or where medical science sustains with more firmness its merited consideration. Let us not falter in our efforts to maintain this pillar of our profession in its integrity, but yield to it our undivided support. Let all personal and local considerations be merged in the general welfare of the whole, and each will reap, in other ways, a reward of more permanency and value, than any momentary advantage that may tempt one to one course, and another to another. As one united body, the profession has a power that it must lose if the benefits of union are discarded, and we trust that our brethren throughout the Commonwealth, in this and every future generation, may be persuaded of this truth, and generously and wisely act in conformity with its teachings.

At the approaching meeting, after the usual and incidental business of the session, it is expected that a discourse will be read by WALTER CHANNING, M.D., and the third volume of the 'Library of Practical Medicine,' containing the valuable treatise of Mackenzie on the Eye, will be ready for delivery to the Fellows of the Society.

It is matter of regret that some more convenient, appropriate, and permanent place for the meetings and the library of the Society, is not in its possession. Its funds are now in such condition that it is a subject worthy of discussion, whether true policy does not indicate the immediate adoption of some measures on this subject. The sites suitable for such purposes are fast filling up, and an opportunity for securing one possessed of unusual advantages, now offers, which we trust will not be overlooked by those who have the management of these matters in their control.

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#### CHANGE OF WEATHER.

ON Sunday last the thermometer in this city rose to 86°, and fell in the evening to 53°. Thus was a change of 33° effected in the space of a very few hours. Those persons who left off flannels on that morning had bitter cause for repentance, and many of them are now under the charge of the faculty. Those, on the other hand, who acted in conformity with the principles stated in our recent remarks on spring clothing, found a forcible illustration of the wisdom of those doctrines.

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*Fees of Medical Practitioners in France.*—The regulation of charges in criminal causes, contained in the decree of June 18, 1811, has fixed the amount of fees that physicians, surgeons, and midwives are entitled to, when their attendance has been required. Each physician, or surgeon, shall receive the following fees:—for each visit or report, including the first dressing, if necessary, in Paris, six francs, or five shillings sterling; in cities containing 40,000 inhabitants, five francs; in smaller cities and in villages, three francs. For opening a body, or other operations more



difficult and tedious than a simple visit, besides the above fee, they shall receive, in Paris, nine francs ; in cities containing 40,000 inhabitants and upwards, seven francs ; in smaller cities and villages, five francs.

For the expenses of exhumation, the regulations of the local tariff shall be followed.

Besides the fees before mentioned, the charge for the necessary medicines shall be allowed. There shall be no allowance for visits, either after the first dressing, or the usual official attendance.

In all cases where physicians, surgeons, or midwives shall be brought before a magistrate, in disputed cases, on account of their declarations, visits, or reports, the indemnity due for this appearance shall be paid to them as witnesses.

When physicians, surgeons, or midwives are obliged to travel more than a mile, in the discharge of their duty, and particularly in those cases mentioned in the code of criminal law, they shall receive the following fees : for two leagues distance, physicians and surgeons shall receive two francs fifty centimes, or two shillings and a penny sterling ; and midwives one franc fifty centimes, or fifteen pence sterling. The fees shall be regulated by the myriamètre, which is a little more than two leagues. The two francs fifty centimes fee shall be raised to three francs during the months of November, December, January, and February. Should the above-named individuals be arrested, in their journey, by superior power, they shall be indemnified for every day of their detention, viz. those of the first class two francs, those of the second one franc fifty centimes. They shall be obliged to have a certificate from the justice of peace, or his deputies, or from the mayor, or, in his absence, from his colleagues, stating the cause of the detention, and the certificate should be presented to support their demand for remuneration.

*Useful Improvement.*—A patent has been procured at Paris, a gold medal granted, and other honorary distinctions conferred, for the discovery and practice, on a large scale, of preparing from potatoes a fine flour or sago, equal to ground rice, and a *semolina* or paste, of which one pound is equal to one and a half pound of rice, one pound and three quarters of vermicelli, or, as it is asserted, to eight pounds raw potatoes. Large engagements have been made for the French marine, and for the military and general hospitals, where it is found serviceable as a nutritious aid with wheaten flour, for biscuits, pastry, soups, gruel and pavadà. Count de Chabrol states that 40,000 tons of potatoes are annually manufactured into flour, in a circle of eight leagues round Paris. The manner of preparation is not known. But Mr. M'Innes states in the Quarterly Journal of Agriculture, his method of preparing tapioca, which is presumed to be somewhat similar to the French mode. The potatoes are grated into water, and the mass is passed through different strainers and waters, until it is perfectly purified from the fibrous matter, and the starch becomes pure and clean. It is then exposed to dry, after which it is dried over a heat of the temperature of 150 degrees, and made into cakes till needed for use. It is used in bread, puddings, &c. generally with a portion of wheaten flour.

*Secret Causes of Epidemics.*—Several papers have recently been published, and several more will appear, from the eloquent pen of Baron Alibert, the physician of St. Louis, on the secret causes of epidemics.

He proves by the most indefatigable research amid the treasures of ancient and modern medical literature, by the results of his own experience, and by reasoning of the most conclusive description, that no intelligible cause for the occurrence of epidemics has ever been discovered. Our readers are aware that this idea is not a new one, but justice obliges us to say that no writer has ever given it such development, or discussed it with such success, as M. Alibert. His papers deserve to be read by every admirer of literary taste and medical science.—*Lancet*.

**Atmospheric Pressure.**—I caused to be made a very strong bell glass, nine inches in diameter, and low and flat, for the purpose of congealing water, by its own evaporation, in the manner of Prof. Leslie. It was tried upon the plate of one of M. Pixii's glass-barreled air pumps, from Paris. At the moment, Mr. O. P. Hubbard, assistant in the chemical department of Yale College, and myself, and also a young man who was working the pump, were stooping and intently inspecting the experiment, and our faces were almost in contact with the bell, when it was instantaneously crushed by the pressure of the atmosphere, with a loud report from the collapse. The fragments of glass were innumerable, and some of them impalpable; some of the larger were driven into the glass plate of the pump, causing deep wounds, which it was necessary to remove by a new and thorough grinding, and even in that way they were not entirely obliterated. Still, neither of us was even scratched by the glass, for the obvious reason that the force was all exerted downward and inward.—*American Journal of Science and Arts*.

**The Cholera at New Orleans.**—It appears by late accounts that this disease has again broken out at New Orleans. The previous history of the disease would lead to the belief that this account is correct.

We should be pleased to receive the papers referred to by our correspondent on the croup. The letter of Dr. Hall came too late for this No. It shall have place in our next.

Authors, publishers, booksellers, and others, who send copies of their works for review in our monthly notice of new publications, are requested to transmit such copies, free of expense to the Editor, as early as possible after their publication.

Whole number of deaths in Boston for the week ending May 18, 19. Males, 19—Females, 7.  
Of consumption, 6—infantile, 3—inflammation on the bowels, 2—typhous fever, 1—scarlet fever, 2—dyspepsia, 1—disease of the heart, 1—nervous complaint, 1—old age, 1—abscess, 1—slow fever, 1. Stillborn, 3.

#### NOTICE.

THE Copartnership heretofore existing under the firm of CLAPP & HULL, was dissolved on the 14th inst. by mutual consent.

JOHN COTTON,  
DAVID CLAPP, JR.,  
HENRY S. HULL.

The business will be continued, at the old stand, 184 Washington St., by J. Cotton and D. Clapp, Jr., under the firm of D. CLAPP, JR. & CO. All accounts of the late firm will be settled by them. Orders for Book and Job Printing will be punctually attended to.

Constant attention will be given to the Medical Journal, and the present proprietors respectfully solicit from the American Faculty a continuance of that patronage which has so long been awarded to this publication.

D. C. Jr. & Co. have on hand several large fonts of type, of various sizes, one small iron press, type cases, and other printing materials, which they will sell to printers at a large discount.

Boston, May 22, 1833.

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